City of San Antonio, Texas
Mayor's Task Force on Hunger and Homelessness

Ten-Year Plan to End Chronic Homelessness

January 13, 2005

Executive Summary

To address the problems of hunger and homelessness, Mayor Ed Garza established the Mayor's Task Force on Hunger and Homelessness in the summer of 2003, comprised of representatives of the community, as well as agencies serving the homeless and providing food assistance. The Mayor charged the Task Force with developing short and long-term strategies for addressing the interconnected issues of hunger and homelessness.

In response to short–term recommendations from the Mayor's Task Force on Hunger and Homelessness, the City Council of the City of San Antonio appropriated $1.014 million in its Fiscal Year (FY) 2004 Operating Budget to augment hunger prevention and support services for the homeless. In addition to several food security programs, the funding was used to support a Mobile Canteen for homeless individuals who do not access shelters, and to expand day center services. This support has allowed these agencies to substantially increase contact with chronically homeless individuals, and to expand key services which assist homeless individuals in transitioning to self-sufficiency. As of September 2004, 29 individuals accessing Corazon Ministries' day center had gained employment with the assistance of Corazon staff, and an additional 10 individuals per month are employed and paid by Corazon to do cleaning and maintenance work. City Council allocated $1.183 million in the FY 2005 Operating Budget for hunger and homelessness programs.

The Task Force's primary task was to develop long-range strategic plans to address hunger and homelessness in San Antonio. The Homeless Subcommittee was chaired by Councilmember Pattie Radle. The Ten-Year Plan to End Chronic Homelessness draws on data from the U.S. Conference of Mayor's Report and the San Antonio/Bexar County Continuum of Care (CoC) 2003 Census as well as substantial input from CoC members and other key community stakeholders. The plan utilized the National Alliance to End Homelessness checklist following four steps; 1) Plan for Outcomes, 2) Homelessness Prevention, 3) Stabilization/Housing First, 4) Build the Infrastructure.

Pending Council approval, the Task Force will begin to engage more community stakeholders in the plan, identify responsible parties for each action step and establish evaluation mechanisms. In this way, the Task Force will ensure that this plan will remain a working guide for community leaders for years to come so that over the course of the next decade San Antonio may achieve the milestones detailed in this report.

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Vision Statement

By the year 2014, all individuals facing chronic homelessness in the greater San Antonio area will have alternatives and access to safe, decent and affordable housing and the resources and supports needed to sustain housing.

Introduction

To address the problems of hunger and homelessness, Mayor Ed Garza established the Mayor's Task Force on Hunger and Homelessness in the summer of 2003, comprised of representatives of the community, as well as agencies serving the homeless and providing food assistance. The Mayor charged the Task Force with developing short and long-term strategies for addressing the interconnected issues of hunger and homelessness. The Task Force's primary task was to develop a strategic plan to address hunger and homelessness in San Antonio including: 1) a ten-year plan to address the problem of hunger in San Antonio, including a short-term plan to address hunger among seniors; 2) a five year initiative to stabilize the city's ability to manage the existing homeless service delivery system, and; 3) a ten-year plan, in conjunction with the San Antonio/Bexar County Continuum of Care, to end chronic homelessness.

President Bush made ending chronic homelessness in the next decade a top objective in his 2003 budget and the U.S. Conference of Mayors subsequently adopted the goal. San Antonio is one of over 100 cities around the country to commit to develop a plan to end chronic homelessness over the next ten years.

This report provides background on the homeless problem in San Antonio, details existing resources serving the homeless population in San Antonio and Bexar County, and notes existing barriers to addressing the needs of the homeless population. The report also describes the process followed by the Mayor's Task Force in developing the Ten-Year Plan to End Chronic Homelessness, including the assumptions that they made in developing the strategic plan.

I. A Snapshot of Homelessness in San Antonio

In 2003, the U.S. Conference of Mayors (USCM) surveyed 25 major cities to obtain estimates on the causes of food security and homelessness as well as the capacity of local agencies to meet the demand. The report cites unemployment, mental illness, substance abuse, domestic violence, poverty, a lack of affordable housing and limited life skills as the key reasons for homelessness in San Antonio. (The survey data is included in Appendix A.) According to the 2000 U.S. Census, the poverty rate in Bexar County is 16%. The USCMR data indicates that nearly half of the homeless people in San Antonio are either mentally ill, substance abusers or suffering from HIV or AIDS. The San Antonio/Bexar County Continuum of Care 2003 Census[1] data indicates that domestic violence was cited as the reason that 12% of the families were homeless.

Homelessness in San Antonio cuts across all segments of the population. San Antonio's homeless population can be divided into four major subgroups: members of families with children, single men, single women and unaccompanied youth. Chart 1 breaks down the population between these four main groups using data from the USCM Report. The graph illustrates that nearly 50% of the population are families with children, while single men, single women and unaccompanied youth combined nearly 50%. Chart 2 illustrates the breakdown of other subpopulations. (Note: this information is based on agency self-reports and is not a point in time data.)

Chart 1:

Homeless People in the San Antonio Area

- Members of Families with Children
- Single Men
- Single Women
- Unaccompanied Youth

Single Men 28%
Single Women 13%
Unaccompanied Youth 10%
Members of Families with Children 49%

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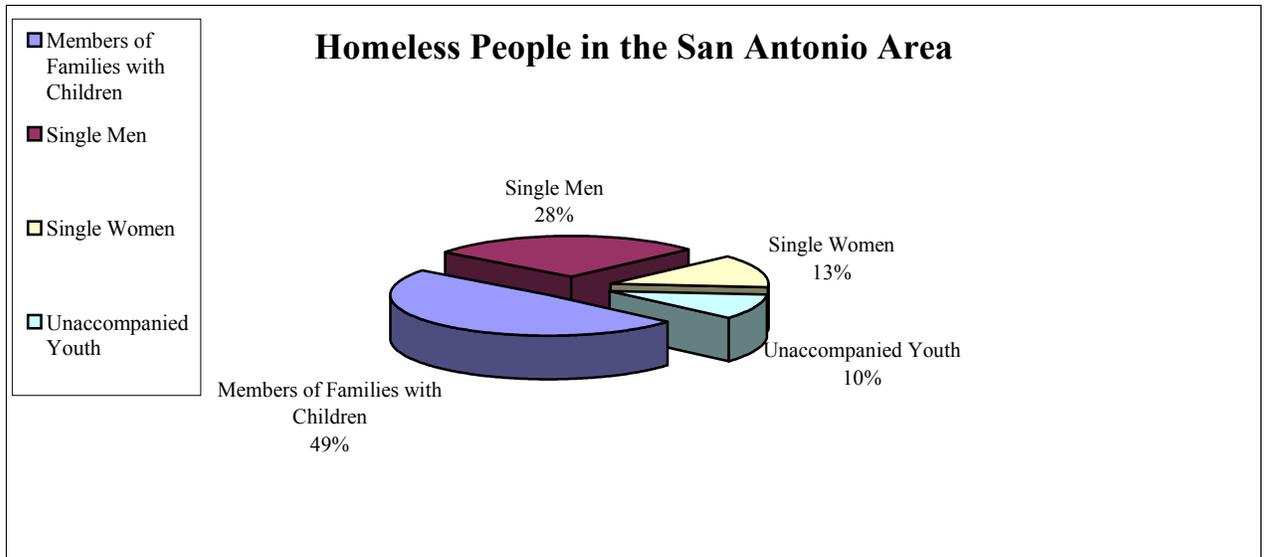
[1] As part of the San Antonio/Bexar County Continuum of Care's preparation for its annual consolidated Supportive Housing proposal, it conducted a local homeless census in February of 2003, covering San Antonio and Bexar County.

Further analysis of the available data shows that the homeless population in the San Antonio area has the following characteristics:

- The City of San Antonio's homeless population is 50% Hispanic, 33% Caucasian, 16% African-American, and 1% Asian. (USCMR 2003 Report)
- 37% of the homeless in San Antonio are children. (2003 CoC Census)

Chart 2:

Homeless Subpopulation in San Antonio

Legend:
- Mentally Ill
- Substance Abusers
- AIDS/HIV-related illness
- Employed
- Veterans
- Remaining Population

Pie chart segments:
- Mentally Ill 25%
- Substance Abusers 20%
- AIDS/HIV-related illness 2%
- Employed 15%
- Veterans 6%
- General Population 32%
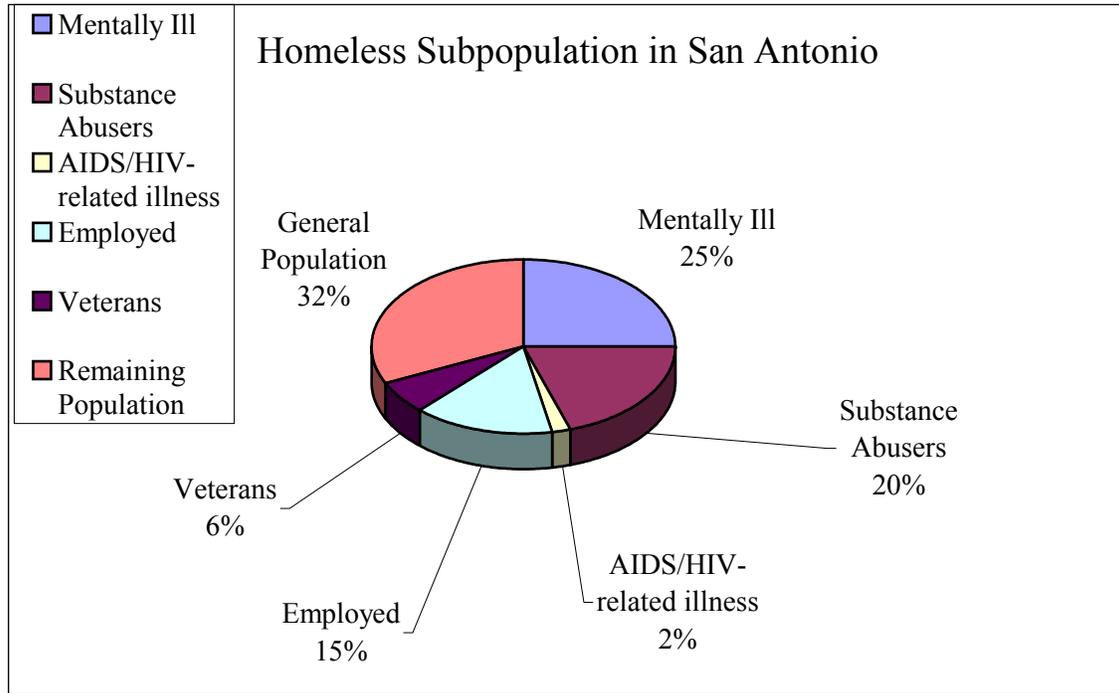
Of those surveyed, 44% had been homeless for more than one year. Many (35%) stated that they were homeless because they could not locate or secure affordable housing. It is apparent that the City of San Antonio (COSA) must find a way to increase options for the homeless as 79% of them stated that they intended to stay in San Antonio for more than a year.

Even as agencies in San Antonio/Bexar County continue to add new shelters, 28% of those surveyed through the 2003 CoC Census indicated that they had been turned away from a shelter because the shelter was full. Emergency shelter space for families is particularly needed. In 2003, the San Antonio Metropolitan Ministries (SAMM) also reported that they were turning away 40 families per month who were seeking emergency shelter. During periods of inclement weather, this problem is heightened.

II. Current Efforts to Address Homelessness

San Antonio/Bexar County Continuum of Care

The Continuum of Care (CoC) is a community-based coalition that addresses the needs of homeless persons in order to help them reach maximum self-sufficiency. The Continuum of Care is developed through collaboration with a broad cross section of the community and based on a thorough assessment of homeless needs and resources. The Continuum of Care is recommended by the U.S. Department of Housing and Urban Development (HUD) as a comprehensive and strategic approach to addressing homelessness.

The mission of the San Antonio Bexar County Continuum of Care (CoC) is to organize community agencies and streamline access to services. The Continuum will also design, develop and deliver services that meet the specific needs of the homeless and of those at risk for homelessness.

The vision of the CoC is:
- For each homeless family and individual to be able to access the spectrum of community services and utilize them to break the cycle of homelessness.
- For each family and individual at risk of becoming homeless to be able to also access the same spectrum of services, utilizing them to stabilize and strengthen their situation and offset the threat of homelessness.
- For each recipient to move toward stable housing and maximum self-sufficiency.

The objectives of the San Antonio/Bexar County Continuum of Care are:
- Identify the scope of the homeless problem in Bexar County.
- Prioritize service needs for the Bexar County homeless population.
- Identify the service gaps in the continuum of available resources.
- Develop and implement plans and timeliness to make new services available to the community.
- Foster the development and implementation of a community-wide advocacy, action and activity in response to emerging needs and issues of the target population.
- Develop and implement a community plan to streamline access to services.
- Enhance service integration, interagency collaboration and effective service coordination by providing regular opportunities for service providers to develop and enhance professional relationships, communications, and interagency networking.
- Identify and continuously update information on available community resources.
- Organize and coordinate training for service providers on needs of the homeless and those at risk of homelessness, available services, and methods of access.
- Provide technical assistance to participating organizations that are not active members and foster their participation.
- Review, rank, and endorse agency grant requests and proposals in accordance with identified priorities of need.

Implementation of the Task Force's Short-term Recommendations

In response to short–term recommendations from the Mayor's Task Force on Hunger and Homelessness, the City Council of the City of San Antonio appropriated $1.014 million in its FY 2004 Operating Budget to augment support to hunger prevention and support services for the homeless. In addition to several food security programs, the funding was used to support a Mobile Canteen for the homeless individuals who do not access shelters, and to expand day center services. The City is in the process of negotiating extended contracts to continue these services through FY 2005. City Council allocated $1.183 million for hunger and homeless programs in its FY 2005 Operating Budget.

Between January and September of 2004, the Mobile Canteen, operated by Corazon Ministries, served a total of 13,294 meals to 3,747 unduplicated clients. This program, intended to provide meals and hygiene assistance to chronic homeless individuals who do not typically access shelters, has allowed that agency a means to assist those individuals with applications for food stamps and other services that could eventually put them on a path toward self-sufficiency. Intake specialists accompany the Canteen and provide referrals to services provided by Corazon and other local agencies such as counseling and health care. Additionally, a nurse and "urban ministers" do outreach with the Canteen periodically.

Expanded funding for day center services, provided by the City of San Antonio, also allowed for increased services for the homeless population. In the first six months of 2004, Christian Assistance Ministries (CAM) served 290 unduplicated clients at their day center, and referred many to nearby healthcare services, provided individuals hygiene products & showers, job information and assistance, and counseling. CAM assisted 396 homeless individuals to obtain identification cards, and helped twenty individuals with food stamp applications. During the same period, Corazon Ministries' day center served over 2,619 unduplicated clients, providing them with access to hygiene, clothing, an on-site nurse, healthcare referrals, & free eyeglasses. As of September 2004, 29 of these individuals had gained employment with the assistance of Corazon staff, and an additional 10 individuals per month are employed and paid by Corazon to do cleaning and maintenance work. One of the most critical programs in helping individuals to gain self-sufficiency is the I.D. Recovery Program which assists 20-30 individuals per month to obtain identification, a critical step in securing a residence and/or employment.

Implementation of the Homeless Management Information System (HMIS) Project

In 2004, the City of San Antonio received $686,156 through HUD's Supportive Housing Program to implement the HMIS Project. The City is scheduled to launch the system with a pilot group of agencies in January 2005. HMIS will improve the availability of data on the chronic homeless population, allowing the Continuum of Care to better plan for and evaluate services. The HMIS Project will also serve as a clearinghouse of information regarding available homeless services that individuals and families can access through participating agencies. The project will address a critical lack of hard data regarding

client demographics and service utilization and will provide meaningful data upon which to measure the success of future efforts.

III. The Mayor's Task Force on Hunger and Homelessness

To address the problems of hunger and homelessness, Mayor Ed Garza established the Mayor's Task Force on Hunger and Homelessness in the summer of 2003, comprised of representatives of the community, as well as agencies serving the homeless and providing food assistance. The Mayor charged the Task Force with developing short and long-term strategies for addressing the interconnected issues of hunger and homelessness. The Task Force's primary task was to develop a strategic plan to address hunger and homelessness in San Antonio including: 1) a ten-year plan to address the problems of hunger in San Antonio, including a short-term plan to address hunger among seniors; 2) a five-year initiative to stabilize the city's ability to manage the existing homeless service delivery system, and; 3) a ten-year plan, in conjunction with the San Antonio/Bexar County Continuum of Care, to end chronic homelessness. A list of the members of the Task Force is included in Appendix B.

Progress to Date

On July 30, 2003, the Task Force completed its process of prioritizing recommendations.
- The first priority for hunger was to expand the San Antonio Food Bank's Project HOPE so that local seniors receive groceries at the City's Comprehensive Nutrition Program sites.
- The second priority for hunger was to increase funding for food pantries that serve the hungry and increase food stamp access through those food pantries.
- The first priority for homelessness was to develop 12 emergency shelter units for families. An additional priority was to support a mobile canteen for the chronically homeless.
- The second priority for homelessness was to expand day center services.

As detailed above, the City Council of the City of San Antonio, in response to the Task Force recommendations, appropriated $1.014 million in one-time resources from its FY 2004 Operating Budget to augment hunger prevention and support services for the homeless.

In order to address the complexity of each issue, the Task Force decided to divide into two subcommittees to develop ten year plans, one for homelessness and one for hunger. Councilman Julian Castro chaired the Hunger Subcommittee and Councilwoman Patti Radle chaired the Homelessness Subcommittee. Each subcommittee consisted of Task Force members, as well as diverse community stakeholders. Ana Novoa of St. Mary's University School of Law and Bob Martindale of San Antonio Metropolitan Ministries were also elected as co-chairs of the Homeless Subcommittee. Smaller working groups were then set up to review goals and strategies to create outcomes which were more concrete and measurable.

Framework for the Plan

COSA has utilized the continuum of care model in order to ensure that programs are the product of thoughtful program analysis and policy-making, rather than a patchwork of services implemented without coordination or consultation. The Ten-Year Plan to End Chronic Homelessness moves San Antonio toward a concerted effort to address the problem as a community. In working to ensure a comprehensive strategic plan to end homelessness in the next decade, the Task Force based their work on several key assumptions:

- **Costs of homelessness:** It is not sufficient for a community to establish a goal of placing all homeless persons in shelter beds. By doing so, homeless individuals become institutionalized and communities incur a substantial cost in terms of shelter beds, hospitalization, and incarceration.[2]
- **Root causes of homelessness:** Homelessness is the result of a combination of structural issues and individual risk factors, far too complex for a one-size-fits-all solution. The growth in the size and diversity of the homeless population is the result of a complex interplay of structural trends. Strategies to break the cycle of homelessness and prevent future homelessness must be based on a common understanding of the root causes of homelessness, the degrees of homelessness that exist, and the factors that cause homelessness to persist. Appendix C includes further detail regarding root causes, defines degrees of homelessness, and provides details regarding the range of housing options.

In order to approach the planning process based on national best practices, COSA used the National Alliance for the Homeless *Ending Homelessness Checklist: Ten Essentials for Communities* as a tool. The plan is organized into the following four areas of concentration:

1) Plan for Outcomes - The existing paradigm has been to manage homelessness. In order to *eradicate* chronic homelessness, there must be a paradigm shift in dealing with this issue. The community must focus on collecting better data about the needs of the homeless in order to plan for outcomes that actually can end homelessness.

2) Homelessness Prevention - Many times clients fall through the cracks in these systems of care. Research indicates that prevention of a homeless episode or ensuring a speedy placement into permanent housing can be more effective and efficient.

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[2] According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than did comparable non-homeless people. This extra cost, approximately $2,414 per hospitalization, is attributable to homelessness. According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers $14,480 per year, primarily for overnight jail. The cost of an emergency shelter bed funded with HUD's Emergency Shelter Grants (ESG) program is approximately $8,067 more than the average annual cost of a federal housing subsidy (Section 8 Housing Voucher.)

3) Stabilization / Housing First - There are clients in the Continuum of Care whom demand considerable time and consume a great deal of resources. These groups are typically chronically homeless disabled individuals who are high utilizers of shelters, hospitals and even jails. For these clients, the system must utilize the housing first model. They must be quickly provided permanent supportive housing (housing with services). This process will better address their needs, while lowering the long-term cost of serving them.

4) Build the Infrastructure - No plan to end homelessness can make demonstrable progress unless there is an adequate supply of affordable housing. Along with housing, the community must coordinate access to existing services in order to avoid recidivism. Previous efforts indicate that providing housing without support only continues the cycle.

Future Steps

In order to accomplish our community's goal of ending chronic homeless in the next ten years, the Mayor's Task Force on Homelessness will seek input and endorsement on the ten-year plan from City Council on January 13, 2005. The Task Force will continue to refine the plan through focus groups in the community, and will work to ensure that the plan serves as a guide to community leaders for years to come. Future work will include:

- *Involvement of additional stakeholders*. It is important to the Task Force to engage stakeholders from the private sector, businesses, academia, and other government entities to enhance the community plan that will have a lasting impact in San Antonio/Bexar County.
- *Designation of responsibilities.* The roles and responsibilities of each stakeholder must be defined, and the Task Force will identify a responsible party for each action step to ensure effective implementation of the plan.
- *Develop internal evaluation mechanism, and establish coordinator/task manager.* Stakeholders need to determine how performance against stated goals will be measured. This step includes designating a point person whose responsibility is coordination and ensuring implementation of the action steps by all parties.
- *External evaluation.* Finally, an annual, external, independent evaluation should be conducted in order to ascertain the efficacy and worth of the plan, with a mechanism in place to use this information for continuous improvement and refinement of this plan.

The complete Ten-Year Plan to End Chronic Homelessness includes objectives, strategies and action plans for prevention and intervention of homelessness. A timeline with milestones and target dates for completion is included in Appendix D.

The Ten Year Plan to Break the Cycle of Homelessness and
The Ten Year Plan to Break the Cycle of Homelessness and Prevent Future Homelessness

1) Plan for Outcomes

The existing paradigm has been to manage homelessness. In order to *eradicate* chronic homelessness, a paradigm shift must exist to deal with this issue. The community must improve collection of data about the needs of the homeless in order to plan for outcomes that can actually end homelessness.

The City of San Antonio is implementing technology to increase the efficiency of our service delivery to the chronic homeless, those homeless for a short time, and the indigent. The City is determined to collect better data at the local level and to study that data in order to meet the needs of the chronic homeless and to develop outcomes that better address this sub-population's issues. In December 2004, the City of San Antonio purchased a Homeless Management Information System (HMIS), which will provide a means to collect and analyze information over time on the individuals, and families who use homeless service systems. The HMIS will be the primary tool the community of San Antonio will use to collect ongoing data on homeless persons who use service programs. The HMIS will provide a consistent means to identify service needs, barriers to accessing services, and program-, region-, and system-wide results. This will reduce the need to rely on point-in-time census counts to estimate the size of local homeless populations--a snapshot process that is vulnerable to seasonal fluctuations, and tends to over-represent those with the most chronic problems while under-representing those facing time-limited situational crises.

The proposed HMIS will provide the following information:

- **Length of stay** – The HMIS will calculate length of stay in program after the client has exited.

- **Needs** – Needs, fully met, partially met and not met, which can be documented in the client's *service transactions.* Providers can demonstrate that they provided a service to meet the need, referred the client to another provider for service, or that the need remained unmet.

- **Causes of homelessness** – A system that tracks and lists a number of possible causes of homelessness. Some examples are:
  - **Addiction**
  - **Aging out of foster care**
  - **Domestic violence**
  - **Mental illness**
  - **Physical disability**
  - **Gambling**

o **Unemployment/underemployment**

- **Interaction with mainstream programs** – The HMIS should allow documentation of mainstream programs in which the client is currently involved and also documents whether an application for mainstream resources has been completed and the outcome of the application if applicable.

- **Effectiveness of interventions** – outcomes of case plans, goals and action steps put in place with case management should be documented in the HMIS.

- **Population Count** – The HMIS should allow a provider to report the number of clients that received services over any date range selected. The report will break down the number of clients into race, age, and gender categories for single individuals and for persons in families with children.

The following are the objectives, strategies and action steps that COSA has identified as necessary to develop a comprehensive data collection tool:

Objective: Collect better data throughout the region.

Strategy: Implement & expand the use of the HMIS throughout the greater San Antonio area.

Action Steps:

o **Require certification that all HUD Continuum of Care recipients enter certain standard data required by COSA.**
o **Require certification from all contractors to enter certain standard data required by COSA.**
o **Identify barriers and address issues that continue to prevent agencies, particularly state and federal mainstream agencies, from using the HMIS.**
o **Develop Memoranda Of Understandings (MOUs) with mainstream providers that lead to real time data collection regarding mainstream service delivery.**

The system is anticipated to be fully in place over the course of the next three years, with an initial pilot group of 7 agencies using the system by April 2005, another 13 by year end, and 15 agencies coming online each of the remaining two years.

Objective: Plan for outcomes.

Strategy: Develop outcome measures and monitoring procedures to determine program effectiveness.

Action Steps:

- o **Develop monitoring tools and standards.**
- o **Monitor all Continuum of Care Homeless Assistance programs for effectiveness.**
- o **Determine HUD goals are being met.**

Strategy: Expand outreach to build and strengthen relationships with chronic homeless and with community at large.

Action Steps:

- o **Expand CoC mobile outreach team and develop mobile crisis response team that includes mental health, addictive disorder, veterans and medical component; this includes recruiting and training 100 volunteer spotters for outreach.**
- o **Deliver sack lunch and other basic needs to street chronic homeless at least once a week.**
- o **Provide CoC emergency info cards to street homeless and those who come in contact with population.**
- o **Provide CoC pamphlets to homeless and those who serve them.**
- o **Educate staff at hospitals and jails regarding info and referral to housing and services.**
- o **Allow for partial access of HMIS system to public to use an online directory of resources for information and referral.**

Strategy: Utilize HMIS reporting tools as a mechanism for service delivery design and implementation.

Action Steps:

- o **Produce data on homeless recidivism and utilization of mainstream programs and services.**
- o **Measure outcomes of current discharge planning efforts.**
- o **Identify percentage of population being released to homelessness from institutions (shelters/hospitals/jails/prisons/mental health institutions/treatment centers/foster care systems).**
- o **Produce data on current request and utilization of homeless prevention (rent and utility assistance).**
- o **Coordinate project development throughout the region addressing identified gaps based on documented need.**

2) Homelessness Prevention

COSA's focus on homeless prevention has seen real effort and much success.   In the course of ten years, the Task Force will work to establish a trust for homeless issues. In order to do this, there will be a lobbying effort to authorize a tax on the sale of alcohol

and tobacco. Also, a legislative agenda will be designed to pass a state law for special local fees.

Additionally, improvement in discharge planning in state hospitals and correction facilities are sought. The Texas Department of Mental Health and Mental Retardation (MHMR) and Texas Commission on Alcohol and Drug Abuse (TCADA) address homeless prevention through continuity of care policy; however, many times their clients fall through the cracks and end up homeless again. Emergency Shelter Grants (ESG) available from the balance of state and entitlement city funding do not require grantees to coordinate or collaborate on prevention efforts. Therefore funding is not coordinated to address prevention issues such as one-time or short-term rent or mortgage assistance or housing placement services throughout the community. Individual agencies utilize this funding to fill the gaps in their existing service delivery.

Another issue to be addressed in a long-term homeless prevention plan is the lack of comprehensive discharge planning from public treatment centers and correction facilities. While the MHMR has a continuity of care policy that addresses discharge, there is not tracking beyond delivery out of the public system. It is much the same with TCADA and within correction facilities with mental health components; however, virtually none of these facilities provide discharge planning to stable and decent permanent supportive housing. These clients then end up either back on the streets, in the hospitals or incarcerated.

CoC will seek to build relationships with public agencies and officials who set funding policy that can assist prevention efforts in this region. The leadership will meet with key public officials to ascertain CoC's role in directing the flow of prevention dollars in a collaborative and coordinated effort. The intent is to collaborate with the Emergency Food and Shelter Grant Board for coordination with the FEMA "Local Recipient Organizations" using the HMIS system so that appropriate referrals for rent and utility assistance are addressed. These funds will be matched with existing TANF grant funds to maximize prevention efforts.

<u>Objective: Prevent homelessness through comprehensive strategies including early intervention and discharge planning.</u>

Strategy: COSA will advocate for housing trust funds to expand housing for low-income and homeless individuals.

Action Steps:

- o **Create a statewide advocacy coalition on homelessness comprised of membership of the various continuums in Texas.**
- o **Focus advocacy effort to authorize public levies to establish the trust.**
- o **Design a legislative agenda to pass a state law for special local fees.**
- o **CoC and Homeless Action Coalition will pursue the possibility of a merger.**

- Create a micro-lending program for the homeless.

Strategy: Improve 24-hour access to information and referral helpline coordinated through 2-1-1 that will direct clients to appropriate prevention resources.

Action Steps:

- Support development and implementation of 211 system (social service call line) by working with legislators to establish appropriate funding for 24-hour service.
- Develop regimen of agency and staff training to assure appropriate information and referral knowledge exists in the community.
- Identify at risk clients and link to prevention programs.
- Provide ongoing community resources to support sustainability.
- Pursue prevention efforts at all food pantries throughout the region, utilizing messaging to alert information and referral experts in efforts to prevent homelessness.

Strategy: Increase linkage to permanent housing and services for persons leaving institutions and for the chronic homeless.

Action Steps:

- Interact with leadership in public systems of care to establish multi-disciplinary re-entry teams prior to discharge.
- Actively seek to collaborate with Emergency food and Shelter Grant local boards to coordinate prevention dollars.
- Utilize HOME funds available through participating jurisdictions to provide tenant-based rental assistance.
- Provide symposium focusing on homeless prevention.
- Create ex-offenders resource guides.
- Initiate planning to coordinate discharge of chronically homeless with CoC's case management program or HMIS.
- Ensure that service agencies establish case plans prior to discharge that includes selection of appropriate supportive housing and track services in HMIS to follow client beyond supportive housing placement.
- Facilitate creation and training for community-based teams to provide prevention services in targeted neighborhoods.
- Ensure youth aging out of foster care have access to resources.
- Increase number of respite beds and youth group homes available in the community.

Strategy: Continue to educate community, consumers and program staff regarding the legal rights of tenancy.

Action Steps:

- o **Fair Housing Program will continue to provide staffing sessions regarding tenant rights.**
- o **CoC and Fair Housing Program will continue to provide information to landlords regarding special needs of the homeless.**

3) Stabilization: Housing First

According to the National Alliance to End Homelessness (NAEH) plan to end homelessness, most people who become homeless enter and exit homelessness relatively quickly. Although there may be a shortage of affordable housing, many individuals cope with the shortage and find a place to live. A much smaller group of homeless people spends more time in the system utilizing more of the housing resources at a higher cost. Many chronically homeless individuals actually live in the system and use these resources and other public high cost resources such as hospitals and jails.

Objective: Assist those who are homeless to exit as quickly as possible through a housing first approach.

Strategy: Expand the availability of affordable permanent and supportive housing.

Action Steps:

- o **Create 800 new permanent supportive housing units for persons with disabilities utilizing Homeless Assistance CoC over the next 10 years.**
- o **Within 24 months, build/locate a minimum of 50 units of permanent supportive housing for the chronically homeless utilizing HOME funds.**
- o **Continue to work with housing agencies and CoC members to facilitate additional housing subsidies for persons with disabilities who can live independently in market rate housing with appropriate supportive services.**
- o **Develop additional safe haven units for those reluctant to enter the current system of care.**
- o **Address appropriate permanent supportive housing models to serve youth who are homeless.**

COSA must also address housing availability in the short term by developing a housing placement service that can link households in interim housing with appropriate housing in the community. Current CoC members must be willing to seek new alternatives to the current *managing homelessness* approach. In moving to the Housing First model, it is critical to ensure that appropriate standards are in place at all phases of housing (emergency, transitional and permanent housing) and that and that individuals are placed in suitable settings with the least restrictive environments possible. It is also crucial to

work with shelter and transitional housing providers in the conversion to Housing First, assuring them of a place in the new housing and service delivery system.

Strategy: Improve access and coordination of affordable housing and services.

Action Steps:

o **Rapidly re-house the homeless by instituting the Housing First Model for special homeless populations within the next 24 months.**
o **Provide on-site support services to the chronic homeless living in permanent housing.**
o **Utilize existing housing stock owned by the City for affordable housing development with HOME and CDBG funds.**
o **Secure ongoing public revenue streams dedicated to housing, such as the Housing Trust Fund and rental assistance programs.**
o **Coordinate housing services through preventive case management.**
o **Develop bridge funding for tenant-based rental assistance utilizing HOME funds.**
o **Coordinate with the San Antonio Housing Authority and local homeless shelters to create an MOU that will facilitate rapid housing of clients while the agencies provide services that lead to self-sufficiency.**

Strategy: Locate and access more affordable permanent housing units.

Action Steps:

o **Increase access to public housing using the model proposed to the San Antonio Housing Authority.**

4) Build the Infrastructure

COSA and the CoC believe that housing stability cannot be attained or maintained without the ability to access resources and supports that sustain the homeless in a time of crisis. Homeless individuals need appropriate health care that includes mental health and substance abuse treatment and they need income supports. For those who live in abject poverty with a frightening disease the need for services is intense and calls for totally integrated case management. The existing system is referral-based and the result is many times fragmented care. COSA is also evaluating the effectiveness of its current housing and service delivery system in serving homeless families and the chronic homeless. Currently, COSA facilities mix both populations together. The City's current strategy is to consolidate these populations in separate facilities to better serve the particular needs of each group.

Objective: Address housing, income and service needs of the homeless in San Antonio.

Strategy: Collaborate to provide seamless access to services. Case managers across agencies and systems work together to develop one plan of action for the client.

Action Steps:

o **Each agency assures that the client attains goals as documented in the HMIS.**
o **Utilize the HMIS to determine goal success and unmet need.**
o **Provide the training necessary to build this team approach for the client.**
o **Combine aggressive street outreach with integrated systems of primary care, mental health and substance abuse services, case management, and client advocacy.**
o **Increase access to public bathrooms.**

Strategy: Periodically revise strategy for shelter infrastructure.

Action Steps:

o **Place current City properties offering homeless service on the market within the next three years (the Dwyer Center and the San Antonio Metropolitan Ministries shelter).**
o **COSA will use proceeds from the sale to create more campus-like environments better suited to the needs of these populations.**

The current system for determining food stamp eligibility is extremely complex and burdensome to both the recipient and the state. Health and Human Services Commission (HHSC) administrators report over-burdened staff, with caseloads that are increasingly unmanageable. Technologically and administratively restructuring the intake process in the Food Stamp program could improve the effectiveness by reducing the administrative burden and by improving access to benefits for those in need. This effort will be coordinated with the state's plan to establish call centers, as well as with the City's Leadership in Action Program, and food stamp outreach through delegate agency contracts.

The service delivery must also address income and employment. While many who are homeless get by and make due with little or no income, the provision of supports to access additional income and supported employment are necessary if we are to truly address ending homelessness. Attempts to change the system must also work within current transportation systems to assure access to services and to employment are met.

Strategy: CoC members will initiate a collaborative effort through the San Antonio Food Bank and other food pantries in the region to develop intake procedures.

Action Steps:

- o Simplify the food stamp application and eligibility determination systems technologically and administratively.
- o Improve public access, awareness, and understanding of the food stamp program.
- o Coordinate the efforts of private non-profit and for profit corporate entities within the region's local assistance programs to ensure a more seamless and accessible network of services.
- o Create four one-stop centers to provide services, including medical service and ID recovery. Instead of many agencies duplicating services, and only providing referrals, the one-stop center will function as a way for a homeless person to be informed of all services available to them.
- o Pilot program results as a model for implementation in all regions of Texas and potentially for other federal, state and local assistance programs.

Strategy: Strengthen the provision of integrated, coordinated supports through mainstream resources that are necessary for successful transitions to permanent supported housing.

Action Steps:

- o Expand and integrate employment services to ensure a continuum of employment opportunities for the homeless.
- o Identify core services offered to homeless under Workforce Investment Act.
- o Connect to local groups, i.e., Texas Workforce Advocates.
- o Perform gaps analysis to determine gaps in available mainstream employment services.
- o Expand availability of supported employment and vocational rehabilitation.
- o Create expanded transportation services to increase employment opportunities.
- o Expand availability of subsidized transportation options through MOU with local transit system to offer reduced rates for the homeless.
- o Coordinate with the San Antonio Housing Authority and local homeless shelters to create a MOU that will facilitate rapid housing of clients while the agencies provide services that lead to self-sufficiency.

Objective: Inform and educate legislative and civic authorities on issues related to homelessness and progress on the implementation of the 10-Year Plan to End Homelessness.

Strategy: Update public officials regularly utilizing multi-focal approach.

    Action Steps:
- **Designated Continuum of Care members will meet with two City Council and two County Commissioners per quarter to inform and update on the issues relating to homelessness.**
- **Send monthly emails with content provided by CoC members to public officials.**
- **Create and implement an annual "state of the community" focusing on homeless (and hunger) issues.**

Objective: Inform and educate the general public on issues related to homelessness, prevention of homelessness and progress on the implementation of the 10-Year Plan.

    Strategy: Create and launch a public awareness campaign.

    Action Steps:
- **Create a speakers bureau which could address a variety of civic, religious, and corporate groups.**
- **Run public service announcements regarding homelessness on public radio/TV once a week.**
- **Develop one program on homelessness per month on Catholic TV.**
- **Open an art exhibit highlighting the homeless at one local university in conjunction with the Texas Homeless Network Conference.**

Appendix A: 2003 San Antonio Survey Data for the USCM Report

Homeless Population	Number	Percentage
Mentally Ill	6,292	25%
Substance Abusers	5,034	20%
AIDS/HIV-related illness	503	2%
Employed	3,775	15%
Veterans	1,510	6%

Homeless Population	Number	Percentage
Members of Families with Children	12,333	49%
Single Men	7,047	28%
Single Women	3,272	13%
Unaccompanied Youth	2,517	10%
Total	25,169	100%

Appendix B: Members of the Mayor's Task Force on Hunger and Homelessness

The chairs of the Task Force are Council member Julian Castro and Council member Patti Radle. Many of the Task Force members also participate in the San Antonio/Bexar County Continuum of Care. The members of the Task Force are:

- Warren Alexander (First Presbyterian Church)
- Jessica Arevalo (District 7 for Councilmember Castro)
- Tim Baisdon (Christian Hope Resource Center)
- Renee Barrett (Health and Human Services Commision)
- Sharon Baughman (Christian Senior Services)
- Rod Chisholm (Oak Hills Church)
- Laura Cisneros (City of San Antonio)
- Joseph Bonilla (University of the Incarnate Word)
- Chula Boyle (San Antonio Independent School District)
- Rebecca Brune (United Way of San Antonio/Bexar County)
- Dennis Campa (City of San Antonio, Department of Community Initiatives)
- Rosalinda Cisneros (Community Representative)
- Eric Cooper (San Antonio Food Bank)
- Michele Cortez (Roy Maas Youth Alternatives)
- Jim de la Cruz (Roy Maas Youth Alternatives)
- Dena Dalton (Trinity Baptist Ministries)
- Mary Damsgaard (United Way of San Antonio and Bexar County)
- Catarina Delgado (American GI Forum)
- Ramiro Fernandez (City of San Antonio, Department of Community Initiatives)
- John Flowers (Travis Park United Methodist Church)
- Estella Garza (San Antonio Independent School District)
- Sue Gelinas (Travis Park United Methodist Church)
- Ed Grubb (Centro Med)
- Rene Gauna (City of San Antonio, Department of Community Initiatives)
- Matthew Hackler (City of San Antonio, Department of Community Initiatives)
- Thomas P. Harrell (Seton Home)
- Holly Harrison (City of San Antonio, Department of Community Initiatives)
- Cindy Hatch (Family Violence Services)
- Llewellyn Hille (Bread for the World)
- Marissa Jimenez (City of San Antonio)
- Seth Keuhn (Daily Bread Ministries)
- Frankie Klonek (Daily Bread Ministries)
- Loressa Leal (Holy Spirit Catholic Church)
- Winnie Martin (MANNA)
- Grace Moser (Health and Human Services Commission)
- Yvette Mouton (SBC)
- Michael Ledesma (VIA Metropolitan Transit)
- Ignacio Leija (American GI Forum)
- Bob Martindale (San Antonio Metropolitan Ministries)
- Gayle McDaniel (University Methodist Church)

- Milt McFarland (Christian Assistance Ministries)
- Carolyn Meyer (Holy Spirit Catholic Church)
- Peter Monod (Archdiocese of San Antonio)
- Rolando Morales (City of San Antonio, Department of Community Initiatives)
- Ana Novoa (St. Mary's University School of Law)
- Chris Pantuso (Pantuso Enterprises)
- Luther Payne (Travis Park United Methodist Church)
- Marta Pelaez (Family Violence Services)
- John Reason (Travis Park United Methodist Church)
- Arlene Rhodes (Health and Human Services Commission)
- Ernest Lee Robinson (Center for Health Care Services)
- Howard Rogers (San Antonio Metropolitan Ministries)
- Henry Ross (City of San Antonio)
- Norma Saldaña (City of San Antonio, Department of Community Initiatives)
- Steve Saldaña (Catholic Charities)
- Jay Sanchez (El Centro de Barrio)
- Connie Sheppard (Texas Cooperative Extension, *Bexar County*)
- Major Robert Stutts (The Salvation Army)
- Sister Yolanda Tarango (Visitation House)
- Pamela Taylor (Dress for Success)
- Joe Tedesco (Serving San Antonio Newspaper)
- Linda Tedesco (Serving San Antonio Newspaper)
- Paco Velez (San Antonio Food Bank)
- Ed Violett (St. Mary's University)
- Doug Watson (Healy Murphy)
- Warren Weir (Holy Spirit Catholic Church)
- Brian Wicks (Resurrection Ministries)
- Barbara Zachary (Health and Human Services Commission)
- Bob Zepeda (The Salvation Army)

Appendix C: Underlying Assumptions & Definitions;
Factors Influencing Homelessness, Degrees of Homelessness, and Housing Options

Factors Influencing Homelessness:

Systemic Factors:
Conditions beyond an individual or family's direct control that act to create and/or perpetuate homelessness include:

- The critical lack of affordable housing, including a significant reduction in public housing units;
- Fragmented, under-funded mental health and substance abuse treatment system;
- Low-wage jobs that do not pay enough for a worker, working 40 hours a week, to afford decent housing;
- Limited or non-existent transportation to better-paying jobs in suburbs; and
- An educational system that leaves many unprepared for the job market.

Individual Risk Factors:
Conditions or characteristics that make it difficult for an individual to function well enough to meet his or her housing needs or meet the housing needs of children in their care, and often lead to homelessness include:
- Substance abuse/addiction;
- Severe and persistent mental illness and mental disorders, such as post-traumatic stress disorder, that impair an individual's ability to function well enough to work and/or remain appropriately housed without supportive services;
- Histories of abuse as children and/or as adults;
- Learning disabilities;
- Low educational levels;
- Poor financial management and resultant bankruptcy/credit issues;
- Poor job skills;
- Poor job histories;
- Histories of dependence on public assistance.

The Degrees of Homelessness:

Episodically Homeless
Individuals and families experiencing one or more episodes of literal homelessness are episodically homeless. It is homelessness over the course of a stated period of time. For example, an individual or family may spend one or more nights in an emergency shelter twice over the course of three years.

Chronically Homeless
The U.S. Department of Housing and Urban Development currently defines chronically homeless as an unaccompanied, disabled individual who has been persistently homeless for more than a year or who has been homeless for four or more episodes in the prior three years. This definition, recently adopted after extensive debate within the federal government, appears to

acknowledge that chronically homeless people are highly likely to cycle in and out of housing, the streets, emergency shelters, hospitals, mental health facilities, and jail for varying periods of time.

Temporarily Displaced or Transitional Homelessness
Individuals and families that usually manage to maintain residential stability but are temporarily displaced from permanent housing due to a variety of factors and simply need temporary shelter/housing assistance to regain residential stability. Displacing factors may include a sudden loss of income, a medical emergency, a catastrophic illness, a fire, or another destabilizing situation.

Precariously or Marginally Housed
Individuals or families who lack a permanent residence and are most often living doubled-up or tripled-up with other family members or friends, and who are subject to having to leave that housing in the very near future. Others are living more or less independently on extremely limited income, often in sub-standard housing, with a high potential for eviction due to non-payment of rent, utility cutoff, or condemnation of the property due to the condition of the property.

Housing Options:

Emergency Shelter
Temporary shelter provided as an alternative to sleeping in places not meant for human habitation. Emergency shelter provides a place to sleep, humane care, a clean environment and referrals to other agencies. Length of stay is typically limited to 60 days, and there are generally no minimal criteria for admission (*i.e.,* mental illness, alcohol and/or drug addiction). Shelter is usually free for some period of time, with clients required to pay for additional nights of shelter depending on client's income and circumstances.

Transitional Housing Programs
Temporary housing situations that offer opportunities and comprehensive services for up to 24 months in an effort to assist homeless persons in obtaining a level of self-sufficiency. Residential facilities for providing drug and/or alcohol treatment or treatment and supportive services for persons with mental illness and/or dual diagnoses are included in this category if the population served is homeless.

Permanent Supportive Housing
Safe, decent, affordable housing that provides the necessary support services to enable formerly homeless persons with special needs to live independently. Permanent supportive housing options are designed to meet the specific needs of clients based on the client's level of functioning. Housing options typically range from group homes to single-room occupancy units to apartment units and include a range of service options such as:
- 24-hour (awake), seven days per week supervision by staff;
- 24-hour (peak hours awake) seven days per week supervision by staff;
- Supervision by staff during peak hours only;
- Supervision on-site part-time as needed;

- No staff on site, but extensive services provided by project sponsor or collaborating agency.

Safe Haven

A specialized facility for providing shelter and services to chronically homeless, mentally ill individuals who are unable or unwilling, because of their illness, to comply with the rules of traditional shelters and transitional housing programs. Safe Havens are low-demand, high expectation with few requirements other than the clients abstain from alcohol or other drug use on the premises and not exhibit threatening behavior. High expectations reflect the fact that operators of these facilities recognize that with time and appropriate, non-threatening services, clients often become more amenable to accepting medications and other stabilization services as a first step toward obtaining appropriate housing, services and benefits.

Public Housing

The San Antonio Housing Authority (SAHA) serves the housing needs of nearly 21,000 households in the San Antonio area. SAHA owns and manages more than 6,300 public housing units, which includes 30 family housing developments and 31 senior housing developments, along with a number of scattered site properties. SAHA also administers the Section 8 Housing Choice Voucher Program for over 12,000 households though privately owned rental property. In November of 2003, the number of people on the waiting list was 11,160.

Objectives, Strategies and Action Steps with Timeline: Note: The checkmark indicates when action step should be completed.	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1) Plan for Outcomes										
Objective: Collect better data throughout the region										
Strategy: Implement & expand the use of the Homeless Management Information System										
1 Require certification from all contractors to enter certain data required as standard by COSA		☑								
2 Require certification from all HUD Continuum of Care recipients that they will enter certain data		☑								
3 Identify barriers and address issues that continue to prevent agencies, particularly state and federal mainstream agencies, from using the HMIS	☑									
4 Develop Memoranda Of Understandings (MOUs) with mainstream providers that lead to real time data collection regarding mainstream service delivery	☑									
Objective: Plan for outcomes										
Strategy: Develop outcome measures and monitoring procedures to determine program effectiveness										
1 Develop monitoring tools and standards	☑									
2 Monitor all Continuum of Care Homeless Assistance programs for effectiveness	☑	☑	☑	☑	☑		☑	☑		
3 Determine HUD goals are being met	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
Strategy: Expand outreach to build and strengthen relationships with chronic homeless										
1 Expand CoC mobile outreach team and develop mobile crisis response team that includes mental health, addictive disorder, veterans and medical components				☑						
2 Deliver sack lunch and other basic needs to street chronic homeless at least once a week	☑									
3 Provide CoC emergency info cards to street homeless and those who come in contact with population	☑									

Objectives, Strategies and Action Steps with Timeline: Note: The checkmark indicates when action step should be completed.	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
4 Provide CoC pamphlets to homeless and those who serve them.	☑									
5 Educate staff at hospitals and jails regarding info and referral to housing and services.		☑								
6 Allow for partial access of HMIS system to public to use an online directory of resources.				☑						
Strategy: Utilize HMIS reporting tools as a mechanism for service delivery design and implementation										
1 Produce data on homeless recidivism and utilization of mainstream programs and services.		☑								
2 Measure outcomes of current discharge planning efforts.	☑									
3 Identify percentage of population being released to homelessness from institutions (shelters/hospitals/jails/prisons/mental health institutions/treatment centers/ foster care systems).	☑									
4 Produce data on current request and utilization of homeless prevention (rent and utility assistance) .	☑									
5 Coordinate project development throughout the region addressing identified gaps based on documented need.		☑								
2) Homelessness Prevention										
Objective: Prevent homelessness through comprehensive strategies including early intervention and discharge planning										
Strategy: COSA will advocate for housing trust funds to expand housing for low-income and homeless individuals										
1 Create a statewide advocacy coalition on homelessness comprised in membership by the various continuums in Texas.		☑								
2 Focus advocacy effort to authorize a public levies to establish the trust.				☑						
3 Pass a legislative agenda will be designed to pass a state law for special local fees.				☑						
4 CoC and Homeless Action Coalition will pursue possibility of merger.	☑									

Objectives, Strategies and Action Steps with Timeline:	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Note: The checkmark indicates when action step should be completed.										
5 Create a micro-lending program for the homeless.		☑								

Strategy: Improve 24-hour access to information and referral hotline coordinated through 2-1-1 that will direct clients to appropriate prevention resources

		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1	Support development and implementation of 211 system (social service call line) by working with legislators to establish appropriate funding for 24-hour service.	☑									
2	Develop regiment of agency and staff training to assure appropriate information and referral knowledge exists in the community.	☑									
3	Identify at risk clients and link to prevention programs.		☑								
4	Provide ongoing community resources to support sustainability.				☑						
5	Pursue prevention efforts at all food pantries throughout the region, utilizing messaging to alert information and referral experts in efforts to prevent homelessness.	☑									

Strategy: Increase linkage to permanent housing and services for persons leaving institutions and for the chronic homeless

		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1	Interact with leadership in public systems of care to establish multi-disciplinary re-entry teams prior to discharge.			☑							
2	Actively seek to collaborate with Emergency food and Shelter Grant local boards to coordinate prevention dollars.				☑						
3	Utilize HOME funds available through participating jurisdictions to provide tenant-based rental assistance.	☑									
4	Provide symposium focusing on homeless prevention.				☑						
5	Create ex-offenders resource guides.	☑									
6	Initiate planning to coordinate discharge of chronically homeless with CoC's case management program or HMIS.	☑									
7	Ensure that service agencies establish case plans prior to discharge that includes selection of appropriate supportive housing and track services in HMIS to follow client beyond supportive housing placement.				☑						
8	Facilitate creation and training for community-based teams to provide prevention services in targeted	☑									

Objectives, Strategies and Action Steps with Timeline: Note: The checkmark indicates when action step should be completed.	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
neighborhoods.										
9 Ensure youth aging out of foster care have access to resources.		☑								
10 Increase number of respite beds and youth group homes available in the community.				☑						

Strategy: Continue to educate community, consumers and program staff regarding the legal rights of tenancy

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1 Fair Housing Program will continue to provide staffing sessions regarding tenant rights.	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑
2 CoC and Fair Housing Program will continue to provide information to landlords regarding special needs of the homeless.	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑

3) Housing First

Objective: Assist those who are homeless to exit as quickly as possible through a housing first approach

Strategy: Expand the availability of affordable permanent and supportive housing

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1 Create 800 new permanent supportive housing units for persons with disabilities utilizing Homeless Assistance CoC over the next 10 years.									☑	☑
2 Within 24 months, build/locate a minimum of 50 units of permanent supportive housing for the chronically homeless utilizing HOME funds.	☑									
3 Continue to work with housing agencies and CoC members to facilitate additional housing subsidies for persons with disabilities who can live independently in market rate housing with appropriate supportive services.				☑						
4 Develop additional safe haven units for those reluctant to enter the current system of care.				☑						
5 Address appropriate permanent supportive housing models to serve youth who are homeless.						☑				

Strategy: Improve access and coordination of affordable housing and services

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1 Rapidly re-house the homeless by instituting the Housing First Model for special homeless	☑									

Objectives, Strategies and Action Steps with Timeline: Note: The checkmark indicates when action step should be completed.	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
populations within the next 24 months.										
2 Provide on- site support services to the chronic homeless living in permanent housing.	☑									
3 Utilize existing housing stock owned by the city for affordable housing development with HOME and CDBG funds.				☑						
4 Secure ongoing public revenue streams dedicated to housing, such as the Housing Trust Fund and rental assistance programs.				☑						
5 Coordinate housing services through preventive case management.				☑						
6 Develop bridge funding for tenant-based rental assistance utilizing HOME funds.				☑						
7 Coordinate with the San Antonio Housing Authority and local homeless shelters to create an MOU that will address the need of quickly housing clients while the agencies provide services that lead to self-sufficiency.				☑						
Strategy: Locate and access more affordable permanent housing units										
1 Increase access to public housing using the model proposed to the San Antonio Housing Authority.				☑						
4) Build the Infrastructure **Objective: Address housing, income and service needs of the homeless in San Antonio** **Strategy: Implement a wraparound service approach that encourages case managers across agencies and even across systems to work together to develop one plan of action for the client**										
1 Provide the training necessary to build this team approach for the client.	☑									
2 Utilize the HMIS to determine goal success and unmet need.				☑						
3 Each agency assures that the client attains goals as documented in the HMIS.				☑						

Objectives, Strategies and Action Steps with Timeline: Note: The checkmark indicates when action step should be completed.	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
4 Combine aggressive street outreach with integrated systems of primary care, mental health and substance abuse services, case management, and client advocacy.				☑						
5 Increase access to public bathrooms.	☑									
Strategy: Periodically revise strategy for shelter infrastructure										
1 Put on the market current city properties offering homeless service, the Dwyer Center and the San Antonio Metropolitan Ministries shelter.			☑							
2 COSA will use proceeds from the sale to create more campus-like environments better suited to the needs of these populations.			☑							
Strategy: CoC members will initiate a collaborative effort through the San Antonio Food Bank and other food pantries in the region to develop intake procedures										
1 Simplify the food stamp application and eligibility determination systems technologically and administratively.	☑									
2 Improve public access, awareness, and understanding of the food stamp program.		☑								
3 Coordinate the efforts of private non-profit and for profit corporate entities within the region's local assistance programs to ensure a more seamless and accessible network of services.				☑						
4 In the course of ten years, the Task Force will work to open four one-stop centers for Homeless Services. Instead of many agencies duplicating services, and only providing referrals, the one-stop center will function as a way for a homeless person to be informed of all serves available to them.				☑						
5 Pilot program results as a model for implementation in all state regions of Texas and potentially to other federal, state and local assistance programs.									☑	☑
Strategy: Strengthen the provision of integrated, coordinated supports through mainstream resources that are necessary for successful transitions to permanent supported housing										
1 Expand and integrate employment services to ensure a continuum of employment opportunities for the homeless.				☑						
2 Identify core services offered to homeless under Workforce Investment Act.	☑									
3 Connect with Texas Workforce Advocates.	☑									

Objectives, Strategies and Action Steps with Timeline: Note: The checkmark indicates when action step should be completed.	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
3 Perform gaps analysis to determine gaps in available mainstream employment services.	☑									
4 Expand availability of supported employment and vocational rehabilitation.				☑						
5 Create expanded transportation services to increase employment opportunities.				☑						
6 Expand availability of subsidized transportation options through MOU with local transit system to offer reduced rates for the homeless.									☑	☑
Objective: Inform and educate legislative and civic authorities on issues related to homelessness and progress on the implementation of the 10 Year Plan to End Homelessness **Strategy: Update public officials regularly utilizing multi-focal approach**										
1 Designated Continuum of Care members will meet with 2 City Council and 2 County Commissioners per quarter to inform and update on the issues relating to homelessness.	☑									
2 Send monthly emails with content provided by CoC members to public officials.	☑									
3 Create and implement an annual "state of the community" focusing on homeless (and hunger) issues.	☑									
Objective: Inform and educate the general public on issues related to homelessness, preventation of homelessness and progress on the implementation of the 10 Year Plan **Strategy: Create and launch a public awareness campaign through major media outlets as well as community art exhibits, and the internet**										
1 Create a speakers bureau which could address a variety of civic, religious, and corporate groups.	☑									
2 Run public service announcements on homelessness on public radio/TV once a week.	☑									
3 Develop one program on homelessness a month on Catholic TV.	☑									
4 Open an art exhibit highlighting homelessness at one local university in conjunction with the Texas Homeless Network Conference.	☑									